

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Advanced Integrated Technologies Inc. :
Application for a certificate of :
local and interexchange authority :
to operate as a reseller and facilities :
based/UNE-P carrier of telecommunications :
services throughout the :
State of Illinois. :

03-0448

CHIEF CLERK'S OFFICE

2003 JUL 23 A 11:03

ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 41-1739067

Advanced Integrated Technologies Inc.

Address: Street 9855 W. 78th Street, Suite 300
City Eden Prairie State/Zip Minnesota, 55344

2. Authority Requested: (Mark all that apply) ☒ 13-403 Facilities Based Interexchange

☐ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☒ Part 735 Procedures Governing the Establishment of Credit, Billing,
Deposits, Termination of Service and Issuance of Telephone
Directories for Local Exchange Telecommunications Carriers in the
State of Illinois

☐ Section 735.180 Directories

☐ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Statewide for interexchange and Ameritech exchanges for local

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address. **See Attachment A.**

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed March 15, 1993
In what state? Minnesota
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See Attachment B.**

9. List jurisdictions in which Applicant is offering service(s).

None

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pursuant to Adm Code Part 250, Applicant hereby respectfully requests permission to keep its books and records in the State of Minnesota at its principal place of business. Applicant will make such records available to the Commission upon request, and will reimburse the Commission for any necessary expenses to review such information.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See Attachment C.**

15. List officers of Applicant.

Greg Lohrenz President

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ☒ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill on a monthly basis. Applicant's bills will include call detail information, and separate line items for all services and charges, including any monthly recurring charges, onetime charges, taxes or surcharges.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.

Customer complaints are broken into two categories Service affecting and Non-service affecting. AIT's primary goal is to effectively solve all customer complaints within 24 hours or less from inception. 1st level customer service representatives are required to attempt to solve all complaints immediately when a call comes into AIT. Specific requirements involve: Identifying the specific problem, Identifying the root cause of the problem and then determining a solution that will be fully acceptable to the customer.

If complaint is related to a service effecting issue, 1st level support immediately opens a trouble ticket with our underlying provider and provides detailed notes for our customer tracking system.

If 1st level customer service representatives are unable to achieve goal within 2 hours, customer's complaint is escalated to 2nd Level (manager). For service effecting issues, manager will immediately attempt to escalate the trouble ticket with our underlying provider. Additionally, in all cases, manager will make direct contact with customer to provide them with a status update of the situation. If the complaint is related to a billing dispute manager will attempt to resolve the complaint to the customer's full satisfaction.

Operation hours: 8am – 5:30 pm central time

After hours calls are handled by call center which pages on-call customer service representative if customer has called with a service affecting issue. On-call customer service representatives are required to respond to customer within 10 minutes of their inquiry. Calls related to non-service effecting issues such as billing questions are returned promptly at 8-9am each morning.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

(800) 300-5408

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

For presubscribed service, the company will attempt to obtain a written letter of agency prior to implementing a carrier change and prior to commencing service. All marketing will be done in accordance with applicable state and federal regulations. All charges, including any monthly recurring charges, onetime charges, taxes or surcharges will be clearly disclosed.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **See Attachment E.**

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

☐ Applicant does not currently have any equipment or facilities located in the State of Illinois. **The company will initially resell interexchange and local exchange service, and will provide local service utilizing the UNE-P platform. Although the company has no plans to install facilities in the State of Illinois, See Attachment F possible future plans in Illinois as a facilities-based provider.**

If NO, which facility provider(s)'s services does the Applicant intend to use?

Ameritech and Qwest and Alliance Group Services

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

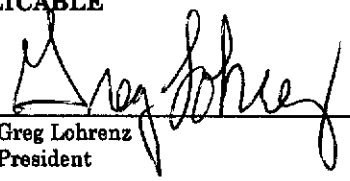
Local service (no prepaid local), including local dial tone and calling features, data services, access services, debit cards and long distance service, including 1+ outbound dialing, 800/888 toll-free inbound dialing and calling cards, and directory assistance.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

____ YES ☒ NO NOT APPLICABLE



Greg Lohrenz
President

VERIFICATION

This application shall be verified under oath.

OATH

State of Minnesota

)
)
)

County of Hennepin

Greg Lohrenz makes oath and says that he/she is President


(Insert here the name of affiant)

(Insert the official title of the affiant)

of Advanced Integrated Technologies Inc.

(Insert here the exact legal title or name of the Applicant)

that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

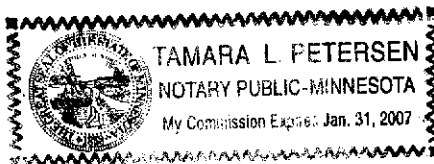

Greg Lohrenz
President

Subscribed and sworn to before me, a Notary Public/

(Title of person authorized to administer oaths)

in the State and County above named, this 18 day of July 2003.

Tamara Petersen
(Signature of person authorized to administer oath)



List of Attachments

- A Designated Contact Persons
- B Articles of Incorporation and Certificate of Authority
- C Management & Technical Information
- D ITAC & UTAC Membership Forms
- E Financial Information
- F Network Information
- G Chart of Accounts